

State: Nebraska

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act

4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household.

42 CFR 435.308

5. ☒ a. Financially eligible individuals who are not described in section C.3. above and who are under the age of--
☒ 21
☐ 20
☐ 19
☐ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

- ☐ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

- ☐ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

- ☐ (a) In foster homes (and are under the age of ____).

- ☐ (b) In private institutions (and are under the age of ____).

TN No. MS-91-24

Supersedes

TN No. (new page)

Approval Date JAN 20 1992

Effective Date NOV 01 1991

HCFA ID: 7983E

State: Nebraska

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. MS-91-24

Supersedes

TN No. (new page)

Approval Date JAN 20 1992

Effective Date NOV 01 1991

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 26
OMB NO.: 0938-

State: Nebraska

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

C. Optional Coverage of Medically Needy (Continued)

- | | | |
|-------------------------------|-------------------------------------|--|
| 42 CFR 435.310 | <input type="checkbox"/> | 6. Caretaker relatives. |
| 42 CFR 435.320
and 435.330 | <input checked="" type="checkbox"/> | 7. Aged individuals. |
| 42 CFR 435.322
and 435.330 | <input checked="" type="checkbox"/> | 8. Blind individuals. |
| 42 CFR 435.324
and 435.330 | <input checked="" type="checkbox"/> | 9. Disabled individuals. |
| 42 CFR 435.326 | <input type="checkbox"/> | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| 435.340 | | 11. Blind and disabled individuals who: <ul style="list-style-type: none">a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;b. Were eligible as medically needy in December 1973 as blind or disabled; andc. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

TN No. MS-93-3
Supersedes
TN No. MS-91-24

Approval Date JUN 22 1993

Effective Date JAN 24 1993

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State: Nebraska

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of 0 months.

Transmittal # MS-91-29

Supercedes

Transmittal # (new page)

Approval Date JAN 15 1992

Effective Date 10/1/91